



TEXAS

Health and Human Services

**Medicaid Administrative
Claiming (MAC)
For Local Health
Departments (LHD's)**

Initial Training

WELCOME

A few housekeeping notes

- ▶ Please download the presentation for today's session from the HHSC website (LHD MAC Training Presentation)
- ▶ Session participants can Listen to the presentation via:
 - ▶ Telephone
 - ▶ Use the telephone number, access code, and audio pin found on the right side of your screen
 - ▶ Computer
 - ▶ Computer must be equipped with speakers. In order to ask questions during the session, the computer must be equipped with a microphone

If you experience trouble please contact Webinar Support at 1-800-263-6317

Housekeeping Notes Continued

- ▶ You must be registered for this session in order to
- ▶ get credit upon completion. It's not too late to register!
- ▶ Training duration is approximately:
 - ▶ “Initial” - 3 hrs.
 - ▶ “Refresher” - 2 hrs.
- ▶ Short breaks will be provided
- ▶ Ask question throughout the presentation by raising you hand



To raise hand point arrow down



To lower hand point arrow up



- ▶ Must be present and attentive for entire training to obtain credit

OVERVIEW

Random
Moment
Time
Study

Back to MAC Financials



MAC Helpful Website Links

- ▶ HHSC Website:

<http://rad.hhs.texas.gov/>

- ▶ MAC Link:

<http://rad.hhs.texas.gov/medicaid-administrative-claiming>

- ▶ MAC Website Tutorial

<http://www.txhealthsteps.com/cms/?q=hhsc-medicaid-administrative-claiming-program>

- ▶ Fairbanks, LLC - MAC Claims (STAIRS) Link

<https://www.fairbanksllc.com/>

Medicaid Definitions

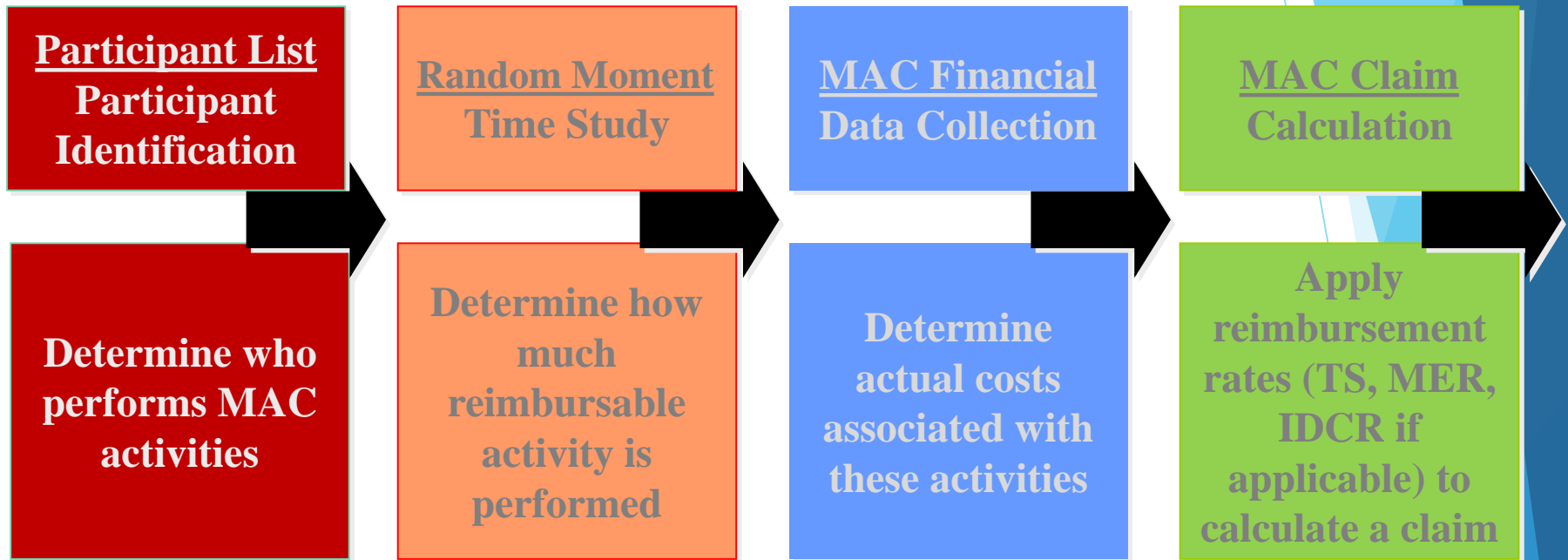
Medicaid

An entitlement program designed to provide health-related services to categorically needy populations

Medicaid Administrative Claiming (MAC)

Federal Medicaid reimbursement for administrative activities associated with linking recipients to appropriate Medicaid/health-related services

MAC Process



Financial Reporting Processes

Section I - MAC Participation Requirements

Section II - Allowable Costs for Reporting

Section III - Electronic Reporting

- **Note: MAC financial reporting will be completed entirely online via the State of Texas Automated Information Reporting System (STAIRS), commonly referred to as the Fairbanks web-based system.**

Section IV – Important Reminders

Section I

MAC Participation Requirements

MAC PARTICIPATION REQUIREMENTS

- ✓ An Intergovernmental Cooperation Agreement must be filed and executed with HHSC in order to enter financial expenditure information.
- ✓ Required RMTS participation must be satisfied for the quarter in which the claim is filed.
- ✓ Appropriate financial information must be collected, entered and certified in order to calculate a claim.
- ✓ The claim must be signed by an entity employee with signature authority, notarized, and submitted to HHSC for payment by the submission deadline.

Note: Copies of all signed documents and financial statements must be kept in an Audit Documentation File.

MAC PARTICIPATION REQUIREMENTS CONTINUED

▶ Public Entities must

✓ Maintain Contact Information

- ▶ RMTS Coordinator
- ▶ MAC Financial Coordinator
- ▶ Executive Director

✓ Adhere to:

- ▶ **RMTS Coordinator** Roles & Responsibilities as defined by HHSC staff and HHSC's MAC Participant Guide
- ▶ **Financial Coordinator** Roles & Responsibilities as defined by HHSC
- ▶ Electronically approve, sign off, scan and upload signed documentation agreeing to adhere to HHSC's MAC participant requirements and/or mandates

Documentation Requirements

Complete the following:

- Intergovernmental Cooperation Agreement (ICA)
- Data Use Agreement (DUA)
- Direct Deposit Form
- Vendor Information Form
- Payee Application Form

- ▶ Documents will no longer be open ended.
- ▶ Documents and instructions can be downloaded from the HHSC MAC website:
 - <http://rad.hhs.texas.gov/medicaid-administrative-claiming>

Intergovernmental Cooperation Agreement & Data Use Agreement

LHD Agrees

- To account for activities of staff providing Medicaid administration
- To submit quarterly participation data through the cost reporting system
- To provide expenditure information on a quarterly basis
- To spend an amount equal to the federal match received on health related services for clients
- To designate a liaison to work with HHSC
- Comply with HIPAA regulations

HHSC Agrees

- To pass on to the LHD 95% of Title XIX federal share for Medicaid Administration
- To reimburse allowable administrative costs at the appropriate FFP rate (50% or 75%)
- To include the expenditures for Medicaid administration in the claim it submits to CMS
- To designate a liaison to work with the LHD
- Comply with HIPAA regulations

Direct Deposit Form

- ▶ If not currently on direct deposit with the State, complete sections 2, 3 & 4 to change financial institutions, change account number or type
- ▶ Section 2: Leave the boxes blank if you do not have your 11 digit Texas Identification number
- ▶ Section 3: NO alterations to this section are allowed
- ▶ Section 4: Recommended to be completed by your financial institution



Vendor Direct Deposit Authorization/ Advance Payment Notification Authorization

CLEAR ALL FIELDS

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2, 3, 5 & 7)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Interagency transfer (Sections 2, 3, 4 & 7)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Employer Identification Number (EIN)										2. Mail code (if not known, will be completed by Paying State Agency)																												
	3. Name																				4. Phone number																		
	5. Mailing address										6. City										7. State					8. ZIP code													

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Comptroller's office will comply at all times with the National Automated Clearing House Association's rules. For further information on these rules, please contact your financial institution. Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO																													
	10. Authorized signature															11. Printed name										12. Date				

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	13. Name										14. City										15. State									
	16. Routing transit number										17. Customer account number (Check required <input type="checkbox"/> YES)										18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings									
	19. Representative name (Please print)										20. Title																			
	21. Representative signature (Optional)										22. Phone number										23. Date									

CANCELLATION BY AGENCY

SECTION 5	24. Reason															25. Date														

AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

SECTION 6	26. By completing this section, I authorize the Texas Comptroller of Public Accounts to send a notification via e-mail address or FAX one business day prior to the payment setting in my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure. Please indicate the one method you want to receive payment notification by providing either an e-mail address or FAX number. E-mail: _____ FAX number: () _____ Include payment remittance information? <input type="checkbox"/> YES <input type="checkbox"/> NO																													

AUTHORIZED SIGNATURE

SECTION 7	27. Authorized signature (applicant or authorized agent - Required)															28. Phone number (Required)										29. Date (Required)									
	30. Agency name															31. Agency number																			
	32. Comments																																		

VENDOR information FORM

□ Form # CPP0430

□ The LHD is the vendor.

□ Part 2, #1 must contain the same information of the person that signed the Intergovernmental Cooperation Agreement.

□ Send the original, signed copy to HHSC.

Form Number: CPP0430

Vendor Information Form

Instructions: This form must be completed and submitted to ASD with each New Contract, and when the vendor's information has changed. As applicable, this form may be requested for contract amendments, renewals and/or extensions. (Please type or print information.)

Part 1: Vendor/Contractor General Information	
1. Organization's Legal Name: _____	
2. Legal Doing Business As (DBA) Name: _____	
3. Physical Address: _____	
4. Remit To (Payment) Address: _____	
5. Texas Identification Number (TIN), or Federal Employer Identification Number (FEIN) or Social Security Number (SSN): _____	
6. Legal Status (check one): <input type="checkbox"/> For-profit Entity <input type="checkbox"/> Non-profit Entity <input type="checkbox"/> Governmental Entity	
7. Business Structure (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited (Liability) Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited (Liability) Partnership <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (must specify): _____	
* If Partnership, must provide SSN or TIN for minimum of two partners Partner Name _____ TIN # or SSN _____ Partner Name _____ TIN # or SSN _____	
8. State of Incorporation, If Applicable: _____	
9. Texas Charter Number, If applicable: _____	
10. Name of Parent Entity, If Applicable: _____	
Part 2: Vendor/Contractor Contact Information	
1. Person Who Will Sign the Contract:	2. Primary Contact for Contract Information:
Name: _____	Name: _____
Title: _____	Title: _____
Mailing Address: _____	Mailing Address: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____
Part 3: Vendor/Contractor Authorized Signature (or authorized HHSC agent)	
Signature _____	Date _____
Print Name _____	Phone _____
Mail Code: _____	
Part 4: HHSC Agency Use Only	
1. Historically Underutilized Business (HUB) Status (check one): HUB web site: http://www.tboc.state.tx.us/hub/index.html <input type="checkbox"/> TX HUB Certified <input type="checkbox"/> Non-Certified HUB	
2. Contractor to Receive Payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legacy Contract Number: _____	HHSC Contract No. _____

Effective Date: 06/15/2006

Revision Date: June 15, 2009

Payee Identification Number Application


❑ LHDs participating in MAC must have a Payee Identification Number.

❑ A payee ID number is required by the State Comptroller's Office for any entity who intends on billing agencies of the state government.

❑ Use of the number on all claims will reduce the processing time required by the state.

AP-152
10/07 (Rev. 9/2015)
APPLICATION FOR TEXAS IDENTIFICATION NUMBER
+ See instructions on back

PRINT FORM CLEAR FORM

1. Is this a new account? <input type="checkbox"/> YES Mail Code 000 Complete Sections 1 - 5 <input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1, 2 & 5 Agency number _____	
SECTION 1	2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN <input type="checkbox"/> 1 - Employer Identification Number (EIN) <input type="checkbox"/> 2 - Social Security number (SSN) Enter the number indicated _____ <input type="checkbox"/> 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)
	3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____
SECTION 2	PAYEE INFORMATION (Please type or print) 4. Name of payee (individual or business to be paid) _____ 5. Mailing address where you want to receive payments _____ 6. (Optional) _____ 7. (Optional) _____ 8. (Optional) _____ 9. City _____ State _____ ZIP Code _____
	10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____
	11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business. <input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____ <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN <u>2</u> _____ <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____ <input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN/EIN _____ Name _____ SSN/EIN _____ <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.) <input type="checkbox"/> N - Other: If checked, explain _____
	12. Payment Assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO Note: A copy of the assignment agreement between payees must be attached. Assignee name _____ Assignee TIN _____ Assignment date _____
	13. Comments _____ Authorized signature (applicant or authorized agent) _____ Date _____ 14.  _____ Agency name _____ Prepared by _____ Phone (area code and number) _____ 15. _____

RMTS Contract Responsibilities can be found on the HHSC Website at:

<http://rad.hhs.texas.gov/time-study>

MAC Financial Contact Responsibilities

Contact Responsibilities

- ✓ Serve as financial liaison between HHSC & Fairbanks LLC
- ✓ Must attend MAC Financial Training at a minimum annually
- ✓ Enter, verify and certify the MAC financial data in STAIRS, print, sign, notarize, scan and submit or upload quarterly MAC financial reports
- ✓ Maintain financial documentation and supporting materials
- ✓ Must be listed as the primary MAC Financial Contact
- ✓ Must maintain the accuracy of ALL contacts in STAIRS

Training & Oversight

▶ Training

- The MAC Financial Coordinator/Contact
 - ensures applicable training requirements are met
 - ensures compliance with policy directives

▶ Oversight/Monitoring

- The MAC Financial Coordinator/Contact
 - Provides oversight and monitoring
 - Coordinates with the RMTS Coordinator/Contact
 - Ensures participant list data is accurate and appropriate for inclusion on the quarterly MAC Claim
 - Ensures financial data submitted for the quarter is true and accurate
 - Ensures appropriate documentation is maintained to support the time study and the claim
 - Takes immediate action to correct any findings that impact the accuracy of the claim.

Break



Please return in 15 minutes

Section II

Reportable Costs & Revenues

Financial Reporting

- Compensation
 - Entity Employee Salaries
 - Payroll Taxes & Benefits
 - Only Report “True” Expenditures
 - Contracted staff

Note: Revenues (*Federal Revenues offset expenditures*)

Participant List & Reportable Costs

In order to report Wage and Benefit Costs, eligible time study staff positions are added to the time study “Participant List” prior to each quarter.

- Time Study Positions left **off** the Participant List **may not** be eligible to have costs reported during the financial reporting process unless the position is a clerical position or if there are mitigating circumstances involved.
- **Positions listed on the Participant List must have costs entered.**
 - These include federally funded positions
- **Costs reported are “position-specific” not “person-specific.”**
 - Substitutes - Individual replacing a provider on leave
 - Direct replacement - Individual hired to fill a vacant position

Participant List & Reportable Costs (cont.)

■ The Participant List

- Drives the number of eligible MAC participants
- Determines the MAC financial cost eligible for time study staff
- Is critical to ensuring the MAC claim is eligible for payment.

If a Participant List is not certified for a quarter by a public entity, the entity will not be able to participate in RMTS and will not be able to report MAC costs for that quarter.

Employee Salaries

- ▶ Report 100% of the quarterly salaries for ALL participants on the participant list.

Example: Position #85 had the following employee changes throughout the quarter:

- Employee A works Jan 1st thru Jan 19th, earns \$800.
- Substitute A works Jan 20th thru Feb 28th, earns \$1,200.
- Employee B works March 1st thru March 31st, earns \$1,500.
- The Total MAC Reportable Expenditure for Position #85 is $\$800 + \$1,200 + \$1,500 = \$3,500$.

Employee vs. Contracted Staff

- ▶ Providers hired by the public entity are classified as employees of the entity - Report salary as “Employee Salaries” and identify the employees’ “Payroll Taxes and Benefits.”
- ▶ Providers contracted through subcontracted agencies are classified as contract staff.
- ▶ Report cost as “Contracted Staff”

Detailed Reporting:

Payroll Taxes & Benefits

- ▶ Examples of Employer Paid Benefits:
 - Health Insurance
 - Life Insurance
 - Medicare
 - Social Security
 - Employer 403(b) Contribution
 - Liability Insurance
 - Worker's Compensation
 - Unemployment Compensation

Revenues

There are two Types of Revenues utilized on the MAC Claim

☐ Unrecognized Revenue

- ☐ Revenues such as state funds (GR), Local Government Funds, Donations to Public Entity, Medicaid Administrative Reimbursement Funds (MAC), Federal Emergency Assistance Reimbursement Funds, Federal IV Reimbursement
- ☐ **Unrecognized Revenues are used as a match to draw down MAC reimbursement funds**

☐ Recognized Revenue

- ☐ Federal Revenues such as Medicaid Fees plus **Match**, Federal Grants plus **Match**, Medicare, Insurance fees, Donations to Contractor, other Revenue not listed as Unrecognized Revenue
 - ☐ Federal Revenues are use to offset costs entered into the MAC Claim.

NOTE: MAC funds will not be backed out of the MAC Financial claim as a Revenue offset.

Revenue

Cost Sharing/Matching

Cost sharing or *Matching* is a process wherein two or more organizations (State and Public Entity) work together to secure savings in one or more areas of business (i.e., client services).

- *For Example:* Funds used for program services (direct services and outreach activity) that meet the **matching requirements** of a federal grant Award (Medicaid/HIV, etc.).

Revenue Matching requirements

- **Matching requirements include the following:**
 - **Amounts are verifiable from grantee's records**
 - **Funds are not included as a matching source for any other federally assisted programs.**
 - **Funds are allocated in the approved current budget.**
 - **Funds are spent for the respective project as allocated and the expenditure of these funds are reported for the respective services.**
 - **Funds are subject to the same guidelines as the respective grant funds (i.e., no food, entertainment or legislative lobbying, etc.).**

Functional Reporting

There are two options to enter financial data:

1. Participant Detail (Preferred)
 - Detailed basis by individual position
2. Group Summary
 - Provider category summary
 - Categories as entered on the participant list
 - If your entity enters at this level, they must keep the detail by position/individual in the audit documentation file.

Detailed Worksheet

Physician Assistants & Interns

Bob	Employee
Joe	Employee
Mary	Contract Staff

Category Summary

Registered Nurse (RN)

Salaries	30,000
Benefits	6,000
Purchased Svcs.	8,000

Audit File Documentation by Quarter

File must contain

- Copies of computations used to calculate financial costs
- Copies of worksheets or spreadsheets used to enter costs or revenues via STAIRS
- Listing of other costs
- All revenues offset from the claim, by source
- Updated participant list
- Copies of HHSC approved training materials as applicable
- Documentation verifying participant training as applicable
- Quarterly summary invoice (completed & signed)

MAC Financial Reporting

- ❑ MAC financial quarters will not be opened unless the following requirements are met:
 - ✓ Active contract with HHSC
 - ✓ Appropriate MAC & RMTS training for the FFY
 - ✓ RMTS requirements are met
- ❑ If you are unable to access the quarter, please contact the MAC team via email at: MAC@hhsc.state.tx.us.

Important Notice

- ▶ LHDs participating in MAC
 - Please be aware that costs associated with MAC activities and claimed on the MAC claim cannot be included as part of the cost report submitted for reimbursement under the Texas Healthcare Transformation and Quality Improvement 1115 Waiver Program.



Important Dates for MAC Claim Submissions

Event Description	Open Date	Close Date
1st Quarter MAC Financials	05//11/2020	06/26/2020
2nd Quarter MAC Financials	08/17/2020	10/02/2020
3rd Quarter MAC Financials	11/16/2020	01/01/2021
4th Quarter MAC Financials	02/15/2021	04/02/2021

All important information, notices, claim due dates, etc. can be found on the following website:

<http://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-early-childhood-intervention-eci>

But also look on the Fairbanks home page, the Dashboard tab, for updates and all the same information

Uses of MAC Reimbursements

- ▶ Costs associated with implementing MAC projects in a facility:
 - ▶ Computer/office equipment dedicated to the MAC project
 - ▶ Salary/benefits/travel expenses for MAC administrative staff
- ▶ Cost associated with the addition of direct service staff to clients:
 - ▶ Computer/office equipment of direct service staff used for administration or implementation of direct services
 - ▶ Salary/benefits/travel of direct service staff used for clinical nurses, social workers, case managers, counselors, etc.

Uses of MAC Reimbursements (cont.)

Expansion of health services to clients such as:

- Outreach activities, including print costs (i.e. print cost for mass mail out letter in regards to H1N1 virus)
- Purchasing medical equipment (i.e. Blood Pressure Cuffs, Thermometers, lab equipment, etc....- and allocating costs and using the Medicaid Eligibility Rate (MER) to determine percentage to use from MAC reimbursement)
- Cost of clinic operations such as first aid and minor injury care
- Some Start up Cost for new health-related sites (i.e. new clinics)

Unacceptable Expenditures may include:

- Fixed assets (unrelated to health services)
- General administrative/operating cost unrelated to MAC
- Computer/accounting services and salary/benefits/travel unrelated to MAC

Time to switch to STAIRS

(State of Texas Automated Information Reporting System)

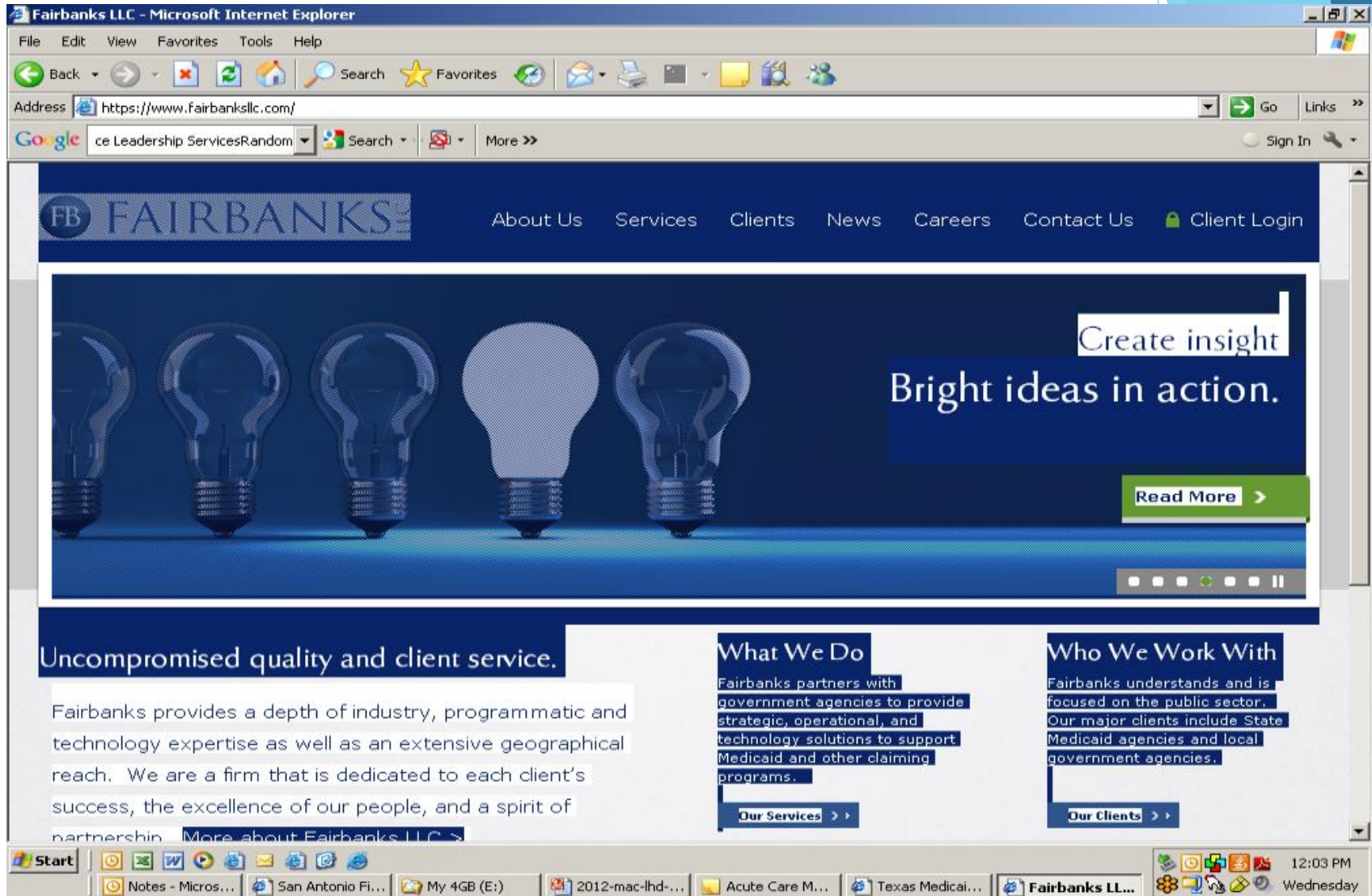


**Please take a short stretching break and
report back in 5 minutes**

Section III

Electronic Reporting

Website Submission




Login Window & Reset

Fairbanks LLC MAC Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Stop Forward Home Search Favorites RSS Mail Print W Word PDF Go Links

Address <http://mac.fairbanksllc.com/login/>


FAIRBANKS
LLC

Login:

Your Password:

Login


Forgot your password? Reset it here: [Reset Password](#)

For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com
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Done Internet

Financial Contact “Dashboard”

Active as mmurphy18 | Switch back to ajoseph@fairbanksllc.com




City of Houston Department of Health and Human Services


DashboardParticipant ListTime Study SampleMAC Financial SubmissionManage

Reference Materials


Participant List

 Your Participant List is certified

[View Participant List](#)


 [Show Charts](#)

Time Study Sample

 OD10, JM11 are open for TS

[View Time Studies](#)

MAC Financials

 No quarters are open for Financials - certification is not necessary

[View MAC Financials](#)

Martha Murphy

[Edit My Info](#) | [Add Role](#)

Administration Manager


@houstontx.gov


8000 N. Stadium Drive
Houston, TX 77054

Phone: 832-393-4929
Fax: 832-393-5255

Your Roles

City of Houston Department of Health and Human Services

 RMTS Contact (Primary)

 MAC Financial Contact (Primary)

Important Upcoming Dates


02/22/2011	October - December 2010 Financial Open	(6 Weeks Away)
03/15/2011	April - June 2011 Participant List Due Date	(9 Weeks Away)
03/31/2011	January - March 2011 Time Study Ends	(12 Weeks Away)
04/01/2011	April - June 2011 Time Study Begins	(12 Weeks Away)
04/08/2011	October - December 2010 Financial Due Date	(13 Weeks Away)
05/24/2011	January - March 2011 Financial Open	(19 Weeks Away)
06/15/2011	July - September 2011 Participant List Due Date	(23 Weeks Away)
06/30/2011	April - June 2011 Time Study Ends	(25 Weeks Away)
07/01/2011	July - September 2011 Time Study Begins	(25 Weeks Away)
07/09/2011	January - March 2011 Financial Due Date	(26 Weeks Away)
08/16/2011	April - June 2011 Financial Open	(31 Weeks Away)
09/30/2011	July - September 2011 Time Study Ends	(38 Weeks Away)
10/07/2011	April - June 2011 Financial Due Date	(39 Weeks Away)
11/15/2011	July - September 2011 Financial Open	(44 Weeks Away)
01/13/2012	July - September 2011 Financial Due Date	(53 Weeks Away)

Upcoming Training Dates


01/18/2011	MAC Financial 2011 - LHD Initial MAC Financial Contact	(1 Week Away)
02/15/2011	MAC Financial 2011 - LHD Initial MAC Financial Contact	(5 Weeks Away)
02/17/2011	RMTS 2011 - LHD Initial RMTS Contact	(6 Weeks Away)
03/01/2011	RMTS 2011 - LHD Initial RMTS Contact	(7 Weeks Away)
04/20/2011	MAC Financial 2011 - LHD Initial MAC Financial Contact	(15 Weeks Away)
05/17/2011	MAC Financial 2011 - LHD Initial MAC Financial Contact	(18 Weeks Away)
05/19/2011	RMTS 2011 - LHD Initial RMTS Contact	(19 Weeks Away)
05/31/2011	RMTS 2011 - LHD Initial RMTS Contact	(20 Weeks Away)

[Register for Training](#)

RMTS Information

 [RMTS Information Website \(TX - HHSC\)](#)

MAC Information

 [MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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- The dashboard provides access to information on the current processes and can be accessed throughout the quarter.
- To access the financial system click the tab “MAC Financial Submission.”

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MAC Provider Data

 FAIRBANKS LLC

Welcome, (Logout)

Dashboard

Participant List

MAC Financial Submission

Manage

Open Quarter: April - June 2011

Open Quarter: April - June 2011

Change Quarter

(Training status: [full access](#))

Download list of Participants

Print

Reference Materials

1. MAC Provider Data

Save and Return to Main Menu

Return to Main Menu

Entity Information

If any of these fields are incorrect, please contact Fairbanks LLC at (888) 321-1225 or info@fairbanksllc.com.

Entity Name:

Health and Human Services Contract Administration & Tracking (HCAT) Number:

Program Code:

Agency Type:

MAC Entity Identification

Entity Name:

Phone:

Fax:

Email:

Street Address:

Mailing Address:

[Edit Information](#)

Chief Executive Officer (CEO)

Name:

Job Title:

Entity Name:

Phone:

Fax:

Email:

Mailing Address:

[Edit Information](#)

Report Preparer Identification

Name:

Job Title:

Entity Name:

Phone:

Fax:

Email:

Mailing Address:

[Edit Information](#)

Primary MAC Financial Contact/Coordinator

Name:

Job Title:

Entity Name:

Phone:

Fax:

Email:

Mailing Address:

[Edit Information](#)

Primary RMTS Contact/Coordinator

Name:

Job Title:

Entity Name:

Phone:

Fax:

Email:

Mailing Address:

[Edit Information](#)

Location of Accounting records that Support this Report

Primary Physical Address:

[Edit Information](#)

Save and Return to Main Menu

Return to Main Menu

RMTS Information

[RMTS Information Website \(TX - HHSC\)](#)


MAC Information

[MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Contracting Entity Identification

Welcome, ([Logout](#))

[Dashboard](#) [Participant List](#) [MAC Financial Submission](#) [Manage](#)

1a. MAC Entity Identification

Entity Name:

Phone (123-456-7890): **Phone Extension:**

Fax (123-456-7890): **Fax Extension:** ☐ No Fax

Email:

Street Address Street 1:

Street Address Street 2:

Street Address City:

Street Address State:

Street Address Zip:

☐ check this box if Mailing Address is same as above

Mailing Address Street 1:

Mailing Address Street 2:

Mailing Address City:

Mailing Address State:

Mailing Address Zip:


RMIS Information
☐ [RMIS Information Website \(TX - HHSC\)](#)


MAC Information
☐ [MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Contracting Entity Identification - CEO

 **FAIRBANKS**

Welcome,  ([Logout](#))

[Dashboard](#) [Participant List](#) [MAC Financial Submission](#) [Manage](#)

1b. Chief Executive Officer (CEO)

First Name:

Last Name:

Job Title:

Entity Name:

Phone (123-456-7890): **Phone Extension:**

Fax (123-456-7890): **Fax Extension:** ☐ **No Fax**

Email:


Mailing Address Street 1:


Mailing Address Street 2:

Mailing Address City:

Mailing Address State:

Mailing Address Zip:


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Contracting Entity Identification - Report Preparer

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1c. Report Preparer Identification

First Name:

Last Name:

Job Title:

Entity Name:

Phone (123-456-7890): **Phone Extension:**

Fax (123-456-7890): **Fax Extension:** ☐ No Fax

Email:


Mailing Address Street 1:


Mailing Address Street 2:

Mailing Address City:

Mailing Address State:


Mailing Address Zip:


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1.3.1 Contracting Entity Identification

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1d. Primary MAC Financial Contact/Coordinator

First Name:

Last Name:

Job Title:

Entity Name:

Phone (123-456-7890): **Phone Extension:**

Fax (123-456-7890): **Fax Extension:** ☐ **No Fax**

Email:


Mailing Address Street 1:


Mailing Address Street 2:

Mailing Address City:

Mailing Address State:

Mailing Address Zip:

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Contracting Entity Identification – Primary MAC Financial Contact

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1d. Primary MAC Financial Contact/Coordinator

First Name:

Last Name:

Job Title:

Entity Name:

Phone (123-456-7890):

Fax (123-456-7890):

Email:

Mailing Address Street 1:

Mailing Address Street 2:

Mailing Address City:

Mailing Address State:

Mailing Address Zip:

Phone Extension:

Fax Extension:

☐ No Fax

 Save

 Cancel


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Contracting Entity Identification – Primary RMTS Contact

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1e. Primary RMTS Contact/Coordinator

First Name:

Last Name:

Job Title:

Entity Name:

Phone (123-456-7890):

Phone Extension:

Fax (123-456-7890):

Fax Extension:

☐ **No Fax**

Email:


Mailing Address Street 1:


Mailing Address Street 2:


Mailing Address City:


Mailing Address State:

Mailing Address Zip:

 **Save**

 **Cancel**

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Location of Accounting Records

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1f. Location of Accounting Records

Primary Physical Address

Street 1:

Primary Physical Address

Street 2:

Primary Physical Address

City:


Primary Physical Address

State:


Primary Physical Address

Zip:


 Save

 Cancel

RTMS Information

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MAC Financial Steps


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Web Financial Steps


 1. [MAC Provider Data](#)


 2. [General and Statistical Information](#)


3. Expense Data


 a. Provider Specific Costs


 b. Provider Summary Costs


 c. Other Costs


 d. Eligible Direct Charges


 4. Summary Revenue

 5. Verify

 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI


RMTS Information
 [RMTS Information Website \(TX - HHSC\)](#)

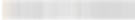
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General and Statistical Info

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Manage

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 Open Quarter: April - June 2011

[Change Quarter](#)

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2. General and Statistical Information

 Save and Return to Main Menu

 Save

 Return to Main Menu

Medicaid Eligibility Rate (MER)	
Unduplicated Medicaid Client Count	300
Unduplicated Client Count	1,500
Medicaid Eligibility Rate	20.00%

Time Study Summary

These numbers represent the total time study percentages within these categories across the ENTIRE statewide sampled population.


Time Study Activity	Percentage
Medicaid Eligibility	0.00%
Non-Medicaid Eligibility	0.00%
Medicaid Outreach (Outreach, Referral/Coordination, Transportation/Translation, Program Planning, Provider Relations)	10.93%
Non-Medicaid Outreach (Outreach, Referral/Coordination, Transportation/Translation, Program Planning, Provider Relations)	3.83%
Direct Service	84.15%
Non-Medical Direct Service	1.09%
Total	100.00%

 Save and Return to Main Menu

 Save

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Enter Provider Specific Costs


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Web Financial Steps


 1. [MAC Provider Data](#)


 2. [General and Statistical Information](#)


3. Expense Data


 a. [Provider Specific Costs](#) (or [Skip to Provider Summary Costs Step 3b](#))

 b. [Provider Summary Costs](#)

 c. [Other Costs](#)


 d. [Eligible Direct Charges](#)


 4. [Summary Revenue](#)

 5. [Verify](#)

 6. [Print Certification - Quarterly Summary Invoice \(QSI\)](#)

 7. [Attach Signed and Notarized QSI](#)


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Ready for Step 3a

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







Warning: Auto-save functionality has been temporarily disabled. Please save your work often to avoid losing data.

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3a. Provider Specific Costs

[Save and Return to Main Menu](#) [Save](#) [Return to Main Menu](#) Per Page: 20 | [50](#) | [100](#) | [500](#) | [All](#) Showing: 1 - 20 of 30 First | Previous | [Next](#) | [Last](#)

Job Category	External ID	Last Name ↑	First Name	Employment Type	Title	Employee Salaries	Employee Benefits	Contracted Staff Costs	TOTAL Expenditures
						(A)	(B)	(C)	(D) A + B + C
Early Intervention Specialist (EIS)			Lynn	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Specialist (EIS)			Jennie	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Specialist (EIS)			Niya	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Specialist (EIS)			Margaret	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Specialist (EIS)			Suzanne	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Director - Program			Sheila	Full Time	Program Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupational Therapist - Licensed (OT)			Shannon	Full Time	OT	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Early Intervention Specialist (EIS)			Karen	Full Time	EIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	

[Save and Return to Main Menu](#) [Save](#) [Return to Main Menu](#) Per Page: 20 | [50](#) | [100](#) | [500](#) | [All](#) Showing: 1 - 20 of 30 First | Previous | [Next](#) | [Last](#)

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
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Enter Provider Specific Costs - Detailed Explanations

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Open Quarter: April - June 2011

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3a. Provider Specific Costs -- Detailed Explanations


 Please provide explanations below

 [Save](#)  [Cancel](#)

Required edit checks, please enter explanation			
Category	Issue	Calculation	Explanation
Summary	Salary and contracted staff compensation have been entered for same provider (Lynn Berryman -- Early Intervention Specialist (EIS))	'Employee Salaries': 654654, 'Contracted Staff Costs': 6 Edit	<input type="text"/>
Summary	Salary and contracted staff compensation have been entered for same provider (Jennie Boulden -- Early Intervention Specialist (EIS))	'Employee Salaries': 54, 'Contracted Staff Costs': 6 Edit	<input type="text"/>
Summary	Salary and contracted staff compensation have been entered for same provider (Karen Meazell -- Early Intervention Specialist (EIS))	'Employee Salaries': 654, 'Contracted Staff Costs': 46 Edit	<input type="text"/>

 [Save](#)  [Cancel](#)

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Note:
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Entering Costs - Provider Summary Level


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Web Financial Steps


 1. [MAC Provider Data](#)


 2. [General and Statistical Information](#)


3. Expense Data


 a. [Provider Specific Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 b. [Provider Summary Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 c. Other Costs


 d. Eligible Direct Charges


 4. Summary Revenue

 5. Verify

 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI


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Ready for Step 3b – Provider Summary Costs

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3b. Provider Summary Costs


 Save and Return to Main Menu


 Save


 Return to Main Menu


 Go Back and Enter Provider Specific Costs


Job Category	Total Employees	Total Contractors	Employee Salaries	Employee Benefits	Contracted Staff Costs	TOTAL Expenditures
			(A)	(B)	(C)	(D) A + B + C
Director - Program	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Early Intervention Specialist (EIS)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Nurse - Registered (RN)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Public Outreach/Child Find Staff	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Team Leader	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Translator/Interpreter	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Dietitian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Occupational Therapist - Licensed (OT)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Physical Therapist - Licensed (PT)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Speech Language Pathologist - Licensed (SLP)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
TOTAL	0	0	\$0	\$0	\$0	\$0


 Save and Return to Main Menu

 Save

 Return to Main Menu

 Go Back and Enter Provider Specific Costs


RM T S Information
 [RM T S Information Website \(TX - HHSC\)](#)


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Enter Provider Summary Costs - Detailed Explanations




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

3b. Provider Summary Costs -- Detailed Explanations


 Please provide explanations below


 Save  Cancel

Required edit checks, please enter explanation

Category	Issue	Calculation	Explanation
Dietitian	The number of employees entered on the financial schedule varies by 15% from the number of employees entered on the participant list.	Total on Participant List 1, Total entered on Financials 460 Edit	<input type="text"/>
Director - Program	The number of employees entered on the financial schedule varies by 15% from the number of employees entered on the participant list.	Total on Participant List 1, Total entered on Financials 54 Edit	<input type="text"/>
Translator/Interpreter	The number of employees entered on the financial schedule varies by 15% from the number of employees entered on the participant list.	Total on Participant List 1, Total entered on Financials 650 Edit	<input type="text"/>

 Save  Cancel

RMTS Information
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MAC Information
 [MAC Information Website \(TX - HHSC\)](#)

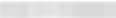
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Note:
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Other Costs


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 2. [General and Statistical Information](#)


3. Expense Data


 a. Provider Specific Costs


 i. [Detailed Explanations for Cost Report Edits](#)


 b. [Provider Summary Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 c. [Other Costs](#)


 d. Eligible Direct Charges


 4. Summary Revenue

 5. Verify

 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI

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 [RMTS Information Website \(TX - HHSC\)](#)


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Other Costs


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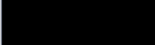
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3c. Other Costs

 [Save and Return to Main Menu](#)  [Save](#)  [Return to Main Menu](#)

MAC Staff Category	Salary & Benefits	Travel & Training	Materials & Supplies	Equipment & Operating Costs	TOTAL Expenditures
	(A)	(B)	(C)	(D)	(E) A + B + C + D
Time Study Participant Staff		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Direct Support Staff (Not-Time Studied)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unstudied Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
General Administrative Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL	\$0	\$0	\$0	\$0	\$0

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Note:
Costs for TS eligible staff who were hired after a moment had occurred or who may not have been trained due to mitigating circumstances may be claimed under Direct Support with written permission from HHSC

3d Enter Eligible Direct Charge

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Dashboard

Participant List

MAC Financial Submission

Manage

Open Quarter: April - June 2011

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Change Quarter


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3. Expense Data


 a. Provider Specific Costs


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 b. [Provider Summary Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 c. [Other Costs](#)

 d. [Eligible Direct Charges](#)

 4. Summary Revenue


 5. Verify


 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI

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Enter Eligible Direct Charge



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Open Quarter: April - June 2011 [Change Quarter](#)

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3d. Eligible Direct Charges

[Save and Return](#)

[Return to Main Menu](#)

[Add Record](#)

[Edit Record](#)

[Delete Record](#)

Functional Category	Job Category	Last Name	First Name	External ID	Employment Type	Title	Salaries	Benefits	Hours worked in claim period	Hourly Rate	# of Hours to Direct Charge	Subtotal	Travel	Training	Operating Cost	Total Direct Charges
							(A)	(B)	(C)	(D) = [(A)+(B)]/(C)	(E)	(F) = (D)*(E)	(G)	(H)	(I)	(J) = (F)+(G)+(H)+(I)
No records entered																



RMTS Information

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MAC Information

[MAC Information Website \(TX - HHSC\)](#)

Enter Eligible Direct Charge

Welcome,  (Logout)

DashboardParticipant ListMAC Financial SubmissionManage































Open Quarter: April - June 2011

Open Quarter: April - June 2011Change Quarter(Training status full access)

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3d. Eligible Direct Charges

SaveCancel

Functional Category	Job Category	Last Name	First Name	External ID	Employment Type	Title	Salaries	Benefits	Hours worked in claim period	Hourly Rate	# of Hours to Direct Charge	Subtotal	Travel	Training	Operating Cost	Total Direct Charges
							(A)	(B)	(C)	(D) = (A)+(B)(C)	(E)	(F) = (D)(E)	(G)	(H)	(I)	(J) = (F)+(G)+(H)+(I)
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SaveCancel

RMTS Information

MAC Information


[RMTS Information Website \(TX - HHSO\)](#)[MAC Information Website \(TX - HHSO\)](#)

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Note:
Direct Charges
may only be
entered for general
administrative
staff. Only hours
paid for by a
public entity are
eligible for Direct
Charge. No
Contractors time
may be direct
charged.

1.14 Direct Charges - Detailed Explanations



Welcome, I [\(Logout\)](#)

<Entity>


DashboardParticipant ListTime Study SampleMAC FinancialsCost ReportTraining Status


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Select Year and District to View


Open Quarter: April - June 2010

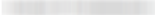
3d. Direct Charges - Detailed Explanations

 Please provide explanations below

Name	Issue	Calculation	Explanation
Peggy Brush	Hourly rate exceeds minimul allowable rate of \$50.00/hour	Hourly rate is \$51.00/hour Edit	<div> enter text...</div>

Summary Revenues

 **FAIRBANKS** LLC

Welcome,  (Logout)


Dashboard


Participant List

MAC Financial Submission




Manage

Open Quarter: April - June 2011


 Your Financial Data is Not Verified for the Quarter: April - June 2011


 Open Quarter: April - June 2011

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 1. [MAC Provider Data](#)


 2. [General and Statistical Information](#)


3. Expense Data


 a. Provider Specific Costs


 i. [Detailed Explanations for Cost Report Edits](#)


 b. [Provider Summary Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 c. [Other Costs](#)


 d. [Eligible Direct Charges](#)


 4. [Summary Revenue](#)

 5. Verify

 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI


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Summary Revenue Entry

 **FAIRBANKS** LLC

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Open Quarter: October - December 2010

[Open Quarter: October - December 2010](#) [Change Quarter](#) (Training status: [full access](#))

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4. Summary Revenue

⚠ Round to the nearest dollar. Please do NOT return this worksheet with the Quarterly Invoice.

[Save and Return to Main Menu](#) [Save](#) [Return to Main Menu](#)

Unrecognized Revenue

MAC Revenue	Revenue
Donation To Public Agency	<input type="text"/>
Federal Emergency Assistance Reimbursement	<input type="text"/>
Federal IV-E Reimbursement	<input type="text"/>
Local Government Funds	<input type="text"/>
Medicaid Admin Reimbursement	<input type="text"/>
Other State Funds	<input type="text"/>
TOTAL	\$0

Recognized Revenue

MAC Revenue	Unstudied/Unallowable Revenue	General Admin Revenue	Total Recognized Revenue
	(A)	(B)	(C) = (A)+(B)
Donations To Contractors	<input type="text"/>	<input type="text"/>	
Federal Grants + Match	<input type="text"/>	<input type="text"/>	
Fees	<input type="text"/>	<input type="text"/>	
Insurance	<input type="text"/>	<input type="text"/>	
Medicaid Fees + Match	<input type="text"/>	<input type="text"/>	
Medicare	<input type="text"/>	<input type="text"/>	
Other Revenue	<input type="text"/>	<input type="text"/>	
TOTAL	\$0	\$0	\$0

[Save and Return to Main Menu](#) [Save](#) [Return to Main Menu](#)


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Summary Revenue - Detailed Explanations

Welcome, Linda Hoerling ([Logout](#))


<Entity>


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Select Year and District to View


Open Quarter: April - June 2010

3d. Summary Revenue - Detailed Explanations

 Please provide explanations below

Type	Issue	Calculation	Explanation
Medicaid Fees + Match	Additional Revenue reported		<div> enter text...</div>

Claim Verification

 **FAIRBANKS** LLC

Welcome, (Logout)


Dashboard

Participant List

MAC Financial Submission


Manage


Open Quarter: April - June 2011


 Your Financial Data is Not Verified for the Quarter: April - June 2011

Open Quarter: April - June 2011 [Change Quarter](#)


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 2. [General and Statistical Information](#)


 3. Expense Data


 a. Provider Specific Costs


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 b. [Provider Summary Costs](#)


 i. [Detailed Explanations for Cost Report Edits](#)


 c. [Other Costs](#)

 d. [Eligible Direct Charges](#)


 4. [Summary Revenue](#)

 5. [Verify](#)


 6. Print Certification - Quarterly Summary Invoice (QSI)

 7. Attach Signed and Notarized QSI

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Open Quarter: April - June 2011

Open Quarter: April - June 2011
Change Quarter

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5. Verify

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Financials	Salary & Benefits	Other Costs	Direct Charge Offset	Subtotal of Expenditures Prior to Allocation	GA Alloc	Total of Expenditures	Recognized Revenue	Recognized Revenue (Distributed)	Net Expenditures	Eligible Expenditures	Non-Enhanced	Enhanced
	(A)	(B)	(C)	(A)+(B)-(C)	(D)	(E) = (A)+(B)-(C)+(D)	(F)	(G)	(H) = (E)-(G)	(I)	(J) = (I)*CP%	(K) = (I)*CP%
Time Study Participant Staff	\$17,823	\$165	\$1,169	\$16,819	\$757	\$17,576	\$0	\$5,852	\$11,724	\$11,724	\$237	\$26
Direct Support Staff (Not-Time Studied)	\$654	\$714	\$0	\$1,368	\$28	\$1,396	\$0	\$466	\$930	\$930	\$19	\$2
Unstudied Staff	\$65	\$754	\$0	\$819	\$3	\$822	\$1,555	\$274	\$548			
General Administrative Staff	\$65	\$723	\$0	\$788			\$6,592					
Direct Charge *	\$55	\$1,114				\$1,169				\$1,169	\$1,169	
TOTAL	\$18,662	\$3,470	\$1,169	\$19,794	\$788	\$20,963	\$8,147	\$6,592	\$13,202	\$13,823	\$1,425	\$28

* Direct Charge not applied to Claimable Percentages
 * Non-Enhanced Claimable Percentage (CP%) is 2.02%
 * Enhanced Claimable Percentage (CP%) is 0.22%

GA Allocation	Salary & Benefits	Percentage
Time Study Participant Staff	\$17,823	96.12%
Direct Support Staff (Not-Time Studied)	\$654	3.53%
Unstudied Staff	\$65	0.35%
TOTAL	\$18,542	100.00%

FFP Application	Non-Enhanced (L) = (J)*50%	Enhanced (M) = (K)*75%	TOTAL (N) = (L)+(M)
Time Study Participant Staff	\$119	\$20	\$138
Direct Support Staff (Not-Time Studied)	\$10	\$2	\$11
Direct Charge *	\$585	\$0	\$585
TOTAL	\$714	\$22	\$734

Claimable % is calculated by multiplying state-wide aggregate time study results by your Entity's Medicaid Eligibility Rate.
 Medicaid Eligibility Rate (MER) = 0.00%

☐ I verify that the information entered is correct. By verifying this information you will no longer be able to make changes. If changes are needed, you must contact the Texas Health and Human Services Commission (HHSC), MAC Unit at MAC@hhsc.state.tx.us or at (512) 491-1802.

[Verify Claim and Return to Main Menu](#)
[Return to Main Menu](#)


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Claim Verified by:




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Open Quarter: April - June 2011


 **Your Financial Data was Verified for the Quarter: April - June 2011.**
Verified by Ian Doughty on 05/09/2011 at 02:46 PM Central Time.

Open Quarter: April - June 2011 [Change Quarter](#) (Training status: [full access](#))


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3. Expense Data


 a. Provider Specific Costs


 b. Provider Summary Costs [view](#)

 i. Detailed Explanations for Cost Report Edits [view](#)


 c. Other Costs [view](#)


 d. Eligible Direct Charges [view](#)


 4. Summary Revenue [view](#)


 5. Verify [view](#)

Verified by Ian Doughty on 05/09/2011 02:46 PM Central Time

 6. [Print Certification - Quarterly Summary Invoice \(QSI\)](#)

 7. [Attach Signed and Notarized QSI](#)

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 [MAC Information Website \(TX - HHSC\)](#)


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
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LHD QSI

QUARTERLY SUMMARY INVOICE FOR MEDICAID ADMINISTRATION			
AGENCY:			
CONTRACT NUMBER:		529-11-00411-00003	
PERIOD OF SERVICE:		Q1-QD19	
CLAIM TYPE:		ORIGINAL	
COST CATEGORIES		COST POOL #1	COST POOL #2
[A] Total Federal Share (enhanced)		\$ 51.00	\$ 0.00
[B] Total Federal Share (non-enhanced)		\$ 1,211.00	\$ 0.00
[C] Total Direct Charge		\$ 0.00	\$ 0.00
[D] Total to be reimbursed by Federal Government			\$ 1,262.00
[E] 5% retention (Contract Sec. II. A. Medicaid Adm) Multiply Line D times 0.05			\$ 64.10
Total Federal Government (FFP) to be reimbursed Line D minus Line E			\$ 1,217.90
<p>This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act, and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended _____, 2019.</p>			
<p>INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.</p> <p>CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER</p>			
I HEREBY CERTIFY that:			
<p>1. I certify that the information provided on this invoice is true and correct, and that the funds/ Contributions necessary to match federal expenditure for administrative activities have been provided pursuant to the requirements of 45 CFR parts 74 and 95.</p>			
<p>2. I certify that I will adhere to the terms and conditions established in the Medicaid Administrative Claiming Guide.</p>			
Signature - Officer of Provider (Agency)		Date	
Print Name: _____			
Title: _____ Contact number: _____			
Notary Stamp			
STATE OF TEXAS			
This instrument was acknowledged before me on the _____ day of _____, 20_____			
by _____ (Printed Name of Officer of Provider).			
Notary Public in and for the State of Texas (signature): _____			
Notary's Name (printed):		NOTARY SEAL	
Notary's Commission Expires:		(Ink Stamp Only)	


QSI Last Step




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Open Quarter: April - June 2011



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7. Attach Signed and Notarized QSI

Scan and upload the completed QSI to the Fairbanks System. The QSI will no longer be accepted by mail.
If you have any questions, please contact the MAC Unit by e-mail at MAC@hhsc.state.tx.us, or by phone: 512-491-1802.

File: [Browse...](#)

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**Once certified, the
LHD Preparer will**

- **Print**
- **Sign**
- **Notarize**
- **Scan and Upload**


MAC Claim Completion


 **FAIRBANKS** LLC




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Open Quarter: April - June 2011



 **Your Financial Data was Completed and Submitted for the Quarter: April - June 2011.**
Completed and Submitted by on at Central Time.

 Open Quarter: April - June 2011 [Change Quarter](#) (Training status: [full access](#))


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3. Expense Data
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 -  b. Provider Summary Costs [view](#)
 -  I. Detailed Explanations for Cost Report Edits [view](#)
 -  c. Other Costs [view](#)
 -  d. Eligible Direct Charges [view](#)
-  4. Summary Revenue [view](#)
-  5. Verify [view](#)

Verified by Ian Doughty on 05/09/2011 02:46 PM Central Time
-  6. Print Certification - Quarterly Summary Invoice (QSI) [view](#)
-  7. Attach Signed and Notarized QSI [view](#)

Completed by Ian Doughty on 05/09/2011 03:03 PM Central Time

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Time to Switch Back



Back in 5 folks

Quarterly Summary Invoice

► **Signing the Quarterly Summary Invoice (QSI) certifies that the following items are true and correct:**

- I am the officer authorized to submit this form; I have examined this statement and to the best of my knowledge and belief, the expenditures included in this statement are based on the actual cost of recorded expenditures;
- The required amount of state and/or local funds were available and used to pay for total computable allowable expenditures;
- This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program;
- I understand that this information will be used as a basis for claims for federal funds and falsification and concealment of material fact may be prosecuted under Federal or State civil or criminal law.
- I understand that I must comply with HHSC Medicaid Administrative Claiming Guides and any policy directives given

Desk Review Process

HHSC will:

- Review the claim for accuracy and reasonableness
- Contact Public Entity if questions arise
- Coordinate with the public entity to make corrections/changes if necessary
- Approve claim for payment

JUST A LITTLE
Reminder

PASSWORDS & LOGINS

- ▶ Passwords will not change each year.
- ▶ If you forget your password, you can reset it at the log-in screen.
- ▶ Fairbanks can send log-in information to multiple contacts.
- ▶ You will be able to access historical data.
- ▶ Messages (Warnings) are just for your reference. They are highlighting areas where there may be an issue. They are not saying there is an issue.
- ▶ All reference material is on the website.
- ▶ If you have any questions, please call Fairbanks support line:

1-888-321-1225

Allowing E-mail Messages

- ▶ Communication is managed predominantly via e-mail, i.e.
 - RMTS moment notifications and follow-ups
 - Participant list updates
 - Compliance follow-ups
 - MAC Financial notifications and follow-ups
- ▶ It is critical that your entity authorize your e-mail system to accept emails from Fairbanks.
- ▶ Confirm with your IT staff that e-mails with @fairbanksllc.com and @hhsc.state.tx.us, can pass through firewalls and spam filters.

HELPFUL HINTS

- ✓ Entities are responsible to ensure that financial training requirements are met so that claims can be processed by HHSC.
 - Financial Contacts must be trained. HHSC encourages each public entity to ensure that a minimum of two (2) people are trained in MAC Financials every year
- ✓ On your MAC Financials, if you notice a high variance between quarters on costs and/or number of providers, please feel free to submit variance explanations or supporting documents with the QSI. This will also assist HHSC in the Desk Review process.

Quarterly Summary Invoice

Important Reminders

- ▶ Must be *original* QSI (no copies accepted)
 - In addition, QSI must be directly printed from Fairbanks, notarized, scanned and **uploaded** into STAIRS
- ▶ Letterhead is not required
- ▶ Do not forget to complete all fields
 - Title and/or Contact Number
- ▶ Must be notarized on the same day the QSI is signed as certified
- ▶ Signature & Notary dates must be no earlier than the electronic cost report submission date
- ▶ Notary should not print name where Officer of Provider's name should be
- ▶ QSI Certification must be completed by the Public entities designated financial contact, which could be the entity's:
 - ▶ Executive Officer (CEO),
 - ▶ Chief Financial Officer (CFO),
 - ▶ Executive Director (ED), or
 - ▶ other individual designated as the financial contact.

HHSC Contacts

Medicaid Administrative Claiming

(512) 462-6200 - MAC@hhsc.state.tx.us

Random Moment Time Study

(512) 490-3194 - TimeStudy@hhsc.state.tx.us

Ri-Chard Thomas- Team Lead

Alex Young - Analyst

State Vendor Contact

Fairbanks LLC provides system support for STAIRS. Questions or concerns regarding the system may be referred to:

info@fairbanksllc.com

or call

1-888-321-1225